

ATTENTION:

Please do not complete this form. This form is only used to give you an idea of the questions we will ask when you apply. It will help you prepare for the interview.

APPLICATION FOR LUMP-SUM DEATH PAYMENT*

I apply for all insurance benefits for which I am eligible under Title II (Federal Old-Age, Survivors, and Disability Insurance) of the Social Security Act, as presently amended, on the named deceased's Social Security record.

(This application must be filed within 2 years after the date of death of the wage earner or self-employed person.)

* This may also be considered an application for insurance benefits payable under the Railroad Retirement Act.

1.	(a) PRINT name of Deceased Wage Earner or Self-Employed Person _____ (herein referred to as the "deceased")	FIRST NAME, MIDDLE INITIAL, LAST NAME	
	(b) Check (X) one for the deceased _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	(c) Enter deceased's Social Security Number _____	____ / ____ / ____	
2.	PRINT your name _____	FIRST NAME, MIDDLE INITIAL, LAST NAME	
3.	Enter date of birth of deceased _____ (Month, day, year)		
4.	(a) Enter date of death _____ (Month, day, year)		
	(b) Enter place of death _____ (City and State)		
5.	(a) Did the deceased ever file an application for Social Security benefits, a period of disability under Social Security, supplemental security income, or hospital or medical insurance under Medicare? _____	<input type="checkbox"/> Yes (If "Yes," answer (b) and (c).)	<input type="checkbox"/> No <input type="checkbox"/> Unknown (If "No" or "Unknown," go on to item 6.)
	(b) Enter name(s) of person(s) on whose Social Security record(s) other application was filed. _____	FIRST NAME, MIDDLE INITIAL, LAST NAME	
	(c) Enter Social Security Number(s) of person(s) named in (b). (If unknown, so indicate) _____	____ / ____ / ____	
6.	ANSWER ITEM 6 ONLY IF THE DECEASED WORKED WITHIN THE PAST 2 YEARS.		
	(a) About how much did the deceased earn from employment and self-employment during the year of death? _____	AMOUNT \$	
	(b) About how much did the deceased earn the year before death? _____	AMOUNT \$	
7.	ANSWER ITEM 7 ONLY IF THE DECEASED DIED PRIOR TO AGE 66 AND WITHIN THE PAST 4 MONTHS.		
	(a) Was the deceased unable to work because of illness, injuries or conditions at the time of death? _____	<input type="checkbox"/> Yes (If "Yes," answer (b).)	<input type="checkbox"/> No (If "No," go on to item 8.)
	(b) Enter the date the deceased became unable to work _____ (Month, day, year)		
8.	(a) Was the deceased in the active military or naval service (including Reserve or National Guard active duty or active duty for training) after September 7, 1939 and before 1968? _____	<input type="checkbox"/> Yes (If "Yes," answer (b) and (c).)	<input type="checkbox"/> No (If "No," go on to item 9.)
	(b) Enter dates of service. _____	From: (Month, Year)	To: (Month, Year)
	(c) Has anyone (including the deceased) received, or does anyone expect to receive, a benefit from any other Federal agency? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Did the deceased work in the railroad industry for 7 years or more? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10.	(a) Did the deceased ever engage in work that was covered under the social security system of a country other than the United States? _____ (b) If "Yes," list the country(ies). _____	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," answer (b).) (If "No," go on to item 11.)
11.	Is the deceased survived by a spouse or ex-spouse? (If "No," go on to item 12. If "Yes," give the following information about all marriages of the deceased including marriage in effect at time of death.) (If you need more space, use "Remarks" section on back page or attach a separate sheet.)	
	To whom married (<i>Name at Birth</i>)	When (<i>Month, day, year</i>)
		Where (<i>Enter name of City and State</i>)
Last marriage of the deceased	How marriage ended	When (<i>Month, day, year</i>)
		Where (<i>Enter name of City and State</i>)
	Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (<i>Explain in Remarks</i>)	Spouse's date of birth (or age)
	If spouse deceased, give date of death	
	Spouse's Social Security Number (<i>If none or unknown, so indicate</i>) ____ / ____ / ____	
	To whom married (<i>Name at Birth</i>)	When (<i>Month, day, year</i>)
		Where (<i>Enter name of City and State</i>)
Previous marriage of the deceased If none write "None."	How marriage ended	When (<i>Month, day, year</i>)
		Where (<i>Enter name of City and State</i>)
	Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (<i>Explain in Remarks</i>)	Spouse's date of birth (or age)
	If spouse deceased, give date of death	
	Spouse's Social Security Number (<i>If none or unknown, so indicate</i>) ____ / ____ / ____	
12.	The deceased's surviving children (including natural children, adopted children, and stepchildren) or dependent grandchildren (including stepgrandchildren) may be eligible for benefits based on the earnings record of the deceased. List below ALL such children who are now or were in the past 12 months UNMARRIED and: • UNDER AGE 18 • AGE 18 TO 19 AND ATTENDING SECONDARY SCHOOL • DISABLED OR HANDICAPPED (age 18 or over and disability began before age 22) (<i>If none, write "None."</i>)	
	Full Name of Child	Full Name of Child
13.	Is there a surviving parent (or parents) of the deceased who was receiving support from the deceased either at the time the deceased became disabled under the Social Security law or at the time of death? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," enter the name and address of the parent(s) in "Remarks".)
14.	Have you filed for any Social Security benefits on the deceased's earnings record before? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: If there is a surviving spouse, continue with item 15. If not, skip items 15 through 18.		
15.	If you are not the surviving spouse, enter the surviving spouse's name and address here	
16.	(a) Were the deceased and the surviving spouse living together at the same address when the deceased died? _____ (b) If either the deceased or surviving spouse was away from home (whether or not temporarily) when the deceased died, give the following:	
	Who was away? _____ <input type="checkbox"/> Deceased <input type="checkbox"/> Surviving spouse	
	Date last home	Reason they were apart at time of death
	Reason absence began	
	If separated because of illness, enter nature of illness or disabling condition.	

If you are the surviving spouse, and If you are under age 66, answer 17.


17.	(a) Are you so disabled that you cannot work or was there some period during the last 14 months when you were so disabled that you could not work? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) If "Yes," enter the date you became disabled. _____	(Month, day, year)

Answer 18 ONLY if you are the surviving spouse.

18.	Were you married before your marriage to the deceased? (If "Yes," give the following about each of your previous marriages. If you need more space, use "Remarks" section on back page or attach a separate sheet.) _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	To whom married (Name at Birth)		When (Month, day, year)	Where (Enter name of City and State)
	Your previous marriage	How marriage ended	When (Month, day, year)	Where (Enter name of City and State)
		Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks)	Spouse's date of birth (or age)	If spouse deceased, give date of death
Spouse's Social Security Number (If none or unknown, so indicate) _____ / _____ / _____				

Remarks: (You may use this space for any explanation. If you need more space, attach a separate sheet.)

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment or both. I affirm that all information I have given in this document is true.

SIGNATURE OF APPLICANT		Date (Month, day, year)
Signature (First name, middle initial, last name) (Write in ink)		Telephone Number(s) at Which You May Be Contacted During the Day
		_____ (Area Code)

Mailing Address (Number and street, Apt. No., P.O. Box, or Rural Route)

City and State	ZIP Code	Enter Name of County (if any) in which you now live
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Witnesses are required ONLY if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address (Number and street, City, State, and ZIP Code)	Address (Number and street, City, State, and ZIP Code)

Additional Remarks:

RECEIPT FOR YOUR CLAIM FOR THE SOCIAL SECURITY LUMP-SUM DEATH PAYMENT

TELEPHONE NUMBER TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT	SSA OFFICE	DATE CLAIM RECEIVED
TELEPHONE NUMBER		

RECEIPT FOR YOUR CLAIM

Your application for the lump-sum death payment has been received and will be processed as quickly as possible.

You should hear from us within _____ days after you have given us all the information we requested. Some claims may take longer if additional information is needed.

In the meantime, if you change your mailing address, you should report the change.

Always give us your claim number when writing or telephoning about your claim.

If you have any questions about your claim, we will be glad to help you.

CLAIMANT	SOCIAL SECURITY CLAIM NUMBER

DECEASED'S NAME (If surname differs from claimant's name)

COLLECTION AND USE OF INFORMATION FROM YOUR APPLICATION - PRIVACY ACT/PAPERWORK ACT NOTICE

- I. The Social Security Administration is authorized to collect the information on this form under sections 202(i) and 205(a) of the Social Security Act, as amended (42 U.S.C. 402(i) and 405(a)).
 - II. While it is voluntary, except in the circumstances explained below, for you to furnish the information on this form to Social Security, no lump-sum death payment may be paid unless an application has been received by a Social Security office. Your response is mandatory where the refusal to disclose certain information affecting your right to payment would reflect a fraudulent intent to secure payment not authorized by the Social Security Act.
 - III. The information on this form is needed to enable Social Security to determine if you are entitled to the lump-sum death payment. It will also enable us to determine if there are any survivors of the deceased who may qualify for monthly Social Security benefits as dependents of the deceased.
 - IV. Failure to provide all or part of this information could prevent an accurate and timely decision on your claim, and could result in the loss of some benefits for eligible dependents of the deceased.
 - V. Although the information you furnish on this form is almost never used for any other purpose than stated in Part III, above, there is a possibility that in the administration of the Social Security programs or for the administration of programs requiring coordination with the Social Security Administration, information may be disclosed to another person or to another government agency as follows:
 1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage.
 2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Veterans Administration).
 3. To facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).
 - VI. The information you provide may also be used without your consent in automated matching programs. These matching programs are computer comparisons of Social Security Administration records with records kept by other Federal agencies or State and local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.
- These and other reasons why information about you may be used or given out are explained in the Federal Register. If you would like more information about this, get in touch with any Social Security office.

The **Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 10 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts, and fill out the form.